

MICHIGAN DEPARTMENT OF STATE
DPD - Driver Education Section
430 W. Allegan, 3rd Floor – Lansing, MI 48918
Phone (517) 241-6850

**Driver Education Provider
Close-Out Report**

Legal Name of School	Phone Number ()	Fax Number ()
Address	City	Zip Code
Provider Certificate Number P000 _____	Driver Education Code Number (Teen programs only) _____	

INSTRUCTIONS: Complete item 1, answer coordinating questions and certify at the end of the report.

1. Indicate below the types of programs your school provided between January 1 and December 31.

- ☐ Teens (Complete items 2 through 14.)
- ☐ Adults (Complete items 6 through 11, and 14.)
- ☐ Truck (Complete items 6 through 11, and 14.)

2. a. Number of students that successfully completed segment 1 and received a certificate of completion. _____

b. Number of students that completed segment 1 and did NOT receive a certificate of completion because of failure to meet minimum course requirements. _____

3. a. Number of students that successfully completed segment 2 and received a certificate of completion. _____

b. Number of students that completed segment 2 and did NOT receive a certificate of completion because of failure to meet minimum course requirements. _____

4. Program tuition: Segment 1 \$ _____ Segment 2 \$ _____
Combined tuition for both segments (if one fee is charged) \$ _____

5. Did you provide range instruction? _____ YES _____ NO

6. SUBMIT SAMPLE COPIES OF YOUR MOST RECENT STUDENT CONTRACTS (Segment 1, Segment 2, Adult, and/or Truck).

7. a. Number of (automobile) adult students that were provided driver education. _____

b. Number of (truck) adult students that were provided driver education. _____

8. The school will no longer provide driver education for the following reason(s): _____

9. Last day of classes (instruction): _____

10. Address where student records will be stored (for minimum of four years as required by law)

11. Name of contact person: _____

Telephone Number: _____

12. **EXCESSIVE INVENTORY OF CERTIFICATES.** The remaining inventory of certificates must be returned to the Secretary of State. Please report the certificates of completion that are being returned, and enclose them with this form when mailed.

Segment 1: Beginning _____ Ending _____

Segment 2: Beginning _____ Ending _____

13. **PROVIDER CERTIFICATE.** You must return your provider certificate along with this report.

14. **CERTIFICATION: I certify that the information submitted on this report is true and correct to the best of my knowledge. Information presented in this report is obtained from records on file and will be maintained for audit purposes.**

Signature of school official

Name of school official (printed)

Signature of person completing form if not school official

Position of person completing form

Date

Mail to: Michigan Department of State
DPD – Driver Education Section
Lansing, MI 48918

Telephone 517-241-6850 if you have any questions.

If using a commercial delivery service, ship to:

Michigan Department of State
DPD – Driver Education Section
430 W. Allegan St.
Lansing, MI 48933

April 2014